

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3							53								
4							54								
5							55								
6	1						56								
7							57								
8							58								
9							59								
10							60								
11		2					61								
12		2					62								
13	1						63								
14	1						64								
15							65								
16		1					66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23	1						73								
24		1					74								
25							75								
26							76								
27		7					77								
28		7					78								
29							79								
30							80								
31							81								
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35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.	43						TOTAL DEP.								
TOTAL CLAIMS	48						TOTAL CLAIMS								